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CONFIRMATION NO. 8285

Bib Data Sheet

SERIAL NUMBER 09/594,205	FILING DATE 06/14/2000 RULE	CLASS 709	GROUP ART UNIT 2144	ATTORNEY DOCKET NO. SIA-P008
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/02/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING 3	CLAIMS 9	CLAIMS 3
Verified and Acknowledged	MM Delpoletti MM Examiner's Signature Initials				

ADDRESS

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TITLE

High performance network address processor system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED 345		

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